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FACSIMILE TRANSMISSION COVER SHEET

Date:

September 7, 2010

To:

United States Patent and Trademark Office

Examiner: Nguyen, Joseph H.; Art Unit: 2815

Fax:

(571) 273-8300

Re:

Application Serial No.: 10/643,461

Filing Date: 8/18/2003; First-Named Inventor: Xiang

Attorney Docket No.: 0180144

From:

Farjami & Farjami LLP

Number of pages including the cover sheet: 13

Message:

Enclosed please find the Response to Non-Final Office Action dated April 6, 2010.

Payment for the Second Month Extension Fee in the Amount of \$490.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 0180144

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Xiang, et al.	
SERIAL NO.: 10/643,461 FILED: August 18, 2003	
FOR: Field Effect Transistor Having Increased Carrier M	obility
HONORABLE COMMISSIONER FOR PATENTS P.O. Box 1450, Alexandria, VA 22313-1450	
Sir/Madam:	
Transmitted herewith is a paper in the above-identified application is hereby requested.	plication. Any necessary extension of time period set for this paper
☐ No additional fee is required.	
☑ The fee has been calculated as shown below:	
☑ EXTENSION FEE	RATE RATE

■ EXTENSION FEE ■	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	130.00	65.00	\$
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	\$490.00
THIRD MONTH AFTER TIME PERIOD SET	1,110.00	555.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,730.00	865.00	\$

☒ TOTAL EXTENSION FEE \$ 490.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

•	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS		MINUS **20	* = 0	x 52	x 26	\$
INDEPENDENT		MINUS ***3	*=0	x 220	x 110	\$
First presentation of multiple dependent claim				+ 390	+ 195	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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Attorney Docket No.: 0180144

	Total fee for Supplemental Information Disclosure Statement \$		
×	Enclosed is the total fee of \$490.00 (Payment by Credit Card, Form PTO-2038 Enclosed).		
	Please charge Deposit Account No. 50-0731 in the amount of \$		
_	•		
X	The Commissioner is hereby author credit any overpayment to Dep	norized to charge payment of any additional fees associated with this communication, posit Account No. 50-0731.	
Date: _	9/7/10	By: Michael Farjami, Reg. No. 38,135	
Farjami & 26522 La Mission 'Telephon	Farjami, Esq. & Farjami LLP 1 Alameda Ave., Suite 360 Viejo, CA 92691 Ie: (949) 282-1000 I:: (949) 282-1002	CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful. Date Signature Dember Dember Name of Person Performing Facsimile Transmission	
		CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:	
		Date	
		Signature	
		Typed or Printed Name of Person Mailing Paper and/or Fce	